

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Macon
Township Hudson
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 5'33
Primary Registration District No. 0'7/3

File No. 33667
Registered No. 88

2. FULL NAME

(a) Residence. No. Atlanta St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lillie Ramond Gross

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 30, 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

73

5

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer + Judge of District Court
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Atlanta Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Perry Gross

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Atlanta Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth Graves Gross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Howard County Mo.

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

wife of deceased

Atlanta Mo

15.

FILED

10/28/33

Mrs Luke Hunkeler

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

October 25, 1933

17.

I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933, to Oct 25, 1933, that I last saw him alive on October 25, 1933, and that death occurred, on the date stated above, at 8:21 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Parenchymatous Nephritis
15 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Encephalomalacia

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical + Laboratory findings

(Signed) H. P. Hayle D. O.

, 19 (Address) Macon Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Steel Cemetery

Oct-26 1933

UNDERTAKER

ADDRESS

Stephens Loddin Macon Mo.

NOV 10 1933

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

